REC'D JUL 10 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21043
Do not use this space.

1. PLACE OF DEATH
(a) County: Jackson
(b) Township: Kaw
(c) City: Kansas City, Mo.
(d) Street No.: St. Luke's Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred: 10-0 yrs. mos. ds.
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No.: 399
Primary Registration District No.: 1002
Registered No.: 2311

2. PRINT FULL NAME: Fanny May Ruby
(a) Residence, No.: Overland Park Kansas St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: I. S. Ruby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 10, 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	71	1	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housekeeper
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): Oct. 19, 1938
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Homer, Illinois

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

17. INFORMANT (ADDRESS): Miss Ruby Goodspeed
6335 Baltimore, Kansas City

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: Forest Hill DATE: ~~May~~ June 6, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Hoge Funeral Home
Overland Park, Kansas

20. FILED: June 5, 1939 M. M. Crome
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1938, to June 4, 1939
I last saw her alive on June 3, 1939. Death is said to have occurred on the date stated above, at 3:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Generalized arteriosclerosis	
	1860
Other contributory causes of importance:	
Fracture left hip,	10-18-38

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Acc Date of injury 10/20, 1939
Where did injury occur? Home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: Acc fall
Nature of injury: Fractured Hip

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:
(Signed) K. W. Carbaugh, M. D.
(Address) Overland Park, Kans

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5034-1-12-39 I X14028

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, J Payne Hoge, or by ....., Registered Apprentice No....., working under my personal supervision.

Signed J Payne Hoge

Licensed Embalmer No. 3579

P. O. Address Overland Park Ks

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.